43P3 READINESS SKILLS VERIFICATION LESSON PLAN

SUPPLY AND INVENTORY

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SUPPLY AND INVENTORY

INTRODUCTION:

OVERVIEW:

4a. Given appropriate scenarios, perform supply and inventory control functions for contingency and deployment situations accurately.

Determine requirements
Research supply sources and initiate requisitions
Receive and store supplies
Maintain pharmaceutical supply files and reports

4b. Given appropriate information, follow pharmaceutical or equipment disposition instructions accurately.

TRANSITION:

4a. Given appropriate scenarios, perform supply and inventory control functions for contingency and deployment situations accurately.

Determine requirements

Sustaining base is the materiel lifeline of any deployed medical unit

It augments the deployed medical unit's limited logistical capability by assuming the bulk of the supply chain's administrative, sourcing, and tracking functions

It is typically located within the Continental United States (CONUS) because of its proximity to available commercial materiel resources and can leverage a wider array of transportation options.

EMEDS requires a 100 percent fill rate without backorders to the aerial port of embarkation (APOE) within 24-48 hours of receiving the requirement at the sustaining base. It also requires receipt at all deployed sites within 24-36 hours of shipment from APOE. A sustaining base will be assigned to the EMEDS.

Prime Vendors (PVs) – the sustaining base will requisition the bulk of pharmaceuticals and medical-surgical supplies to support deployed medical units from PVs. AEF requirements are inserted into PV contracts supporting the CONUS sustaining base.

Reliable worldwide telecommunications, including satellite communications (SATCOM) and access to the Internet and World Wide Web, are critical to establishing and sustaining effective re-supply to deployed medical units.

The sustaining base should ensure that the deploying unit has access to a provided remote server. This will allow the deployed medical unit to pass requisitions electronically via SATCOM.

That being said, it may take several days to weeks before electronic communications are available; therefore, you should work closely with the deployed medical materiel personnel to ensure there is an effective alternative available to obtain supplies.

Medical materiel for Air Force Theater Hospitals (AFTH)/EMEDS deployable assets is identified in the appropriate Allowance Standard (AS).

To determine what items a particular AFTH/EMEDS package is stocked with, check the associated AS.

Medications deployed with an AFTH/EMEDS package are tailored to the geographical area of deployment and the possible medical threats.

Since the AS contains National Stock Numbers (NSN), it would be a good idea to make a copy for reference prior to deployment.

AFTH/EMEDS modules initially deploy with a 7 days supply of materiel; therefore agile combat support must begin immediately at deployment.

Buffer stock – materiel (usually 10-day re-supply packages) located with the deployed medical unit as a "safety level" in the event of supply chain disruption, interdiction, inclement weather, or sudden increase in demand.

Buffer stock can also be stored outside the theater for ready, rapid movement to the deployed medical unit.

It is not considered nor used as operating inventory.

Approximately a 10-day supply is maintained in the pharmacy.

Base your actual level of stock on average usage and re-supply frequency of recurring demand.

This level will vary with the type of commodity, the user, and location.

Give attention to other factors, including inventory reduction, time and effort in making the issues, storage space, and the level of customer base.

Ensure there is a sufficient backup supply of syringes and needles for IV preparations.

Do not forget to stock non-medical supplies, such as pens, pencils, paper, rubber bands, etc.

Prior to deployment/contingency, consider the following:

Obtain a sufficient supply of zip lock bags and label material (the zip lock bags can be used if prescription bottles are not available).

Stockpile prescription forms, standard forms, labels, scotch tape, duct tape and computer paper.

TRANSITION:

Research supply sources and initiate requisitions

Supply sources

Open channels of communication with medical materiel personnel to determine procurement sources and requisition procedures.

Attention should be given to establishing sources for procurement of hard to find items.

Identifying materiel available from the PV requires pharmacy, medical materiel and sustaining base personnel to work closely together. Using the Distribution and Pricing Agreement (DAPA), which is negotiated with PV, medical materiel personnel determines item availability.

The Product and Price Comparison (PPC) Tool is a computer software program developed by the Defense Medical Logistics Standard Support (DMLSS), which offers a quick and easy way to determine both the lowest price and therapeutic equivalence rating for a specific product.

This software is updated monthly and requires a stand-alone personal computer.

Once the PPC is installed on a computer, users can search for items by NSN, nomenclature, NDC number, or manufacturer.

***FDA's Approved Drug Products with Therapeutic Equivalence Evaluations*, commonly know as the "Orange Book", is considered the definitive source for determining which products are therapeutically equivalent.**

Federal Logistics (FED LOG) is a logistics information system that allows you to retrieve management, part number, supplier, freight, and characteristic information about an item.

Medical Catalog (MEDCAT) contains a list of medical items distributed by the Defense Personnel Support Center. Items are assigned a 13 digit NSN.

General Services Administration Catalog contains non-medical items available for purchase through government contract. Items can be researched by using the NSN, specification or alphabetic index.

Drug Topics Redbook **provides prices and descriptions of hospital and pharmacy products. It contains information for close to 200,000 items. The manufacturer's catalog section provides a reference source where additional product information can be found.**

Requisitions

The Defense Medical Logistics Standard Support – Assemblage Management (DMLSS-AM) is the primary automated information system used by deployed medical units to support asset management and reorder. DMLSS is a mobile, stand-alone information technology system.

Another system you may encounter is MEDLOG, a computer system at the sustaining base using Forward Customer Support Procedures or MOMEDLOG, a deployed mobile computer system at the deployed site.

When Internet capability is not available, requisitions may be accomplished by phone, fax, or any other means.

Your deployed medical materiel personnel can tell you what may be used to conduct pharmacy inventory requisitions.

At some point during a deployment/contingency, you may be required to manually initiate requisition forms

Shopping guide – a listing of items that you use routinely

Normally, medical materiel can supply this listing.

The shopping guide may contain national stock numbers, nomenclatures, unit of issue, price, stock levels, and special storage codes.

DD Form 1348-6, DoD Single Line Item Requisition System Document – typically used to order nonrecurring issues

Early contact with deployed medical materiel personnel is essential to determine the most effective method to use when ordering supplies. They can educate you on the process at your particular location.

TRANSITION:

Receive and store supplies

You will need to ensure that you have adequate secured storage space for controlled substances, as you will probably have more than you expect.

If possible, determine if you will have adequate air conditioning, heating, ventilation, and sanitation capability before deployment.

Ensure that the proper storage and handling of biological and pharmaceuticals are practiced. Medications exposed to extremes of temperature will be of little value.

When receiving supplies or equipment, verify the accuracy of the receipt documents.

The quantity on the document should match the quantity received.

If the quantity differs, resolve the discrepancies with medical materiel.

Inspect all supplies, checking for deterioration or damage. Defective materiel must be separated from inventory and suspended from issue.

Check expiration dates to ensure the medications are not expired or will expire shortly.

Post Schedule II issues on AF Form 582, Pharmacy Stock Record or other controlled substance tracking form or database.

Obtain drug monographs regarding storage information. Specific storage conditions are required to be printed in product literature and on drug packaging and labels to ensure proper storage and product integrity.

Where no specific storage directions or limitations are provided in the individual drug monograph, it is understood that the storage conditions include protection from moisture, freezing, and excessive heat.

Products should be stored in compliance with temperature requirements stated on the product literature or drug monographs.

A way of identifying items that require special storage is through the use of note codes, which are contained in the MEDCAT. These codes may also appear on your receipt listings.

D – subject to deterioration in 36 months or less.

F – subject to damage by freezing.

G – requires refrigeration between 35° and 46° F or (2° and 8° C).

I – flammable or oxidizing.

Q – designated Schedule III, IV, or V items, as defined in the Controlled Substance Act (CSA) and other items requiring security storage.

P – items with potency period or short expiration date.

R – designated Schedule II items, as defined in the CSA and other items requiring vault storage.

W – must be frozen for preservation.

For refrigerated or frozen items, temperature conditions are defined by the following terms:

Cold – this labeling indicates any temperature not exceeding 8° C (46° F).

A refrigerator is a cold place in which the temperature is maintained thermostatically between 2° and 8° C (36° and 46° F).

A freezer is a cold place in which the temperature is maintained thermostatically between –20° and –10° C (-4° and 14° F).

Protection from freezing – this labeling is used where freezing subjects an article to loss of strength, potency, or to destructive alteration of its characteristics. The container label bears an appropriate instruction to prevent the article from freezing.

Cool – this labeling requires any temperature between 8° and 15° C (46° and 59 °F. An article for which storage is a cool place may alternatively be stored in a refrigerator, unless otherwise specified in the individual drug monograph.

Room temperature – this labeling requires the temperature prevalent in a working area. Controlled room temperature is a temperature maintained thermostatically between 15° and 30° C (59° and 86° F).

Warm – this labeling requires any temperature between 30° and 40° C (86° and 104° F).

Excessive heat – this labeling indicates any temperature above 40° C (104° F)

If space permits, all controlled drugs should be stored in a vault or safe

Cytotoxics (i.e., vincristine, cyclosphosphamide, and fluorouracil) should be stored separately from your normal stock of drugs. The area of storage should be clearly identified to prevent storage of other drugs in the same area as cytotoxic drugs.

Flammables should be stored in a manner as to minimize the risk of fire.

Flammable liquids should be kept in metal containers away from other combustible materials, such as paper towels and forms.

Do not store flammables in a refrigerator unless the refrigerator is specially constructed for their storage.

Large quantities (10 or more gallons) should be stored in a specially constructed, vented (preferably to the outside) room, vault, or cabinet.

Fans, lights, alarms, and other electrical equipment in the vicinity of flammable liquids should be spark and explosion-proof.

Acids and corrosives should be stored near floor level to minimize the risk of breakage by falling from the shelf.

External pharmaceuticals must be stored separately from internal pharmaceuticals.

TRANSITION:

Maintain pharmaceutical supply files and reports

Maintenance of supply files and reports are essential to ensure that resources are maintained, secured, and properly tracked.

Using activity issue list – produced for each request for issue and /or turn-in (shopping guide orders, DD Forms 1348-6, DoD Single Line Item Requisition System Documents, etc.) processed by medical materiel. A separate listing is provided for each of the following issue categories:

Medical supply

Non-medical supply

Security (R)

Controlled (Q)

Equipment

Supply and equipment turn-ins

Using activity issue/turn-in summary – produced at the end of the month for each activity supported by DMLSS/MEDLOG that had issue action during the month. This listing contains all the issues, reversals, and turn-ins for your using activity.

After reviewing this listing, you may destroy the daily issue/turn-in lists that were generated during the month.

To aid in managing your account, you should retain the monthly summary in your files.

Using activity stock report – this list enables you to review the issue history by month, total issues annually, and other stock control data.

Suggested levels are shown for items that are not on the shopping guide.

This information may be used for section leveling since current and suggested levels are shown.

Equipment management listing – The AS lists all equipment deployed with the EMEDS pharmacy.

Any other equipment you acquire should be documented and maintained in your files.

If you loan equipment to another section, maintain a temporary issue receipt for accountability purposes. You may use an AF Form 1297, Temporary Issue Receipt or locally produced form.

Remember, the exact type of documentation that you use and maintain will depend on your particular contingent/deployed site. These methods will vary, so you should consult medical materiel for specific procedures.

TRANSITION:

4b. Given appropriate information, follow pharmaceutical or equipment disposition instructions accurately.

Suspension of unsuitable items

The turn-in of supply items is a separate and distinct transaction from that of obtaining a replacement item. Unserviceable and suspended items will be turned into medical materiel when identified as other than serviceable.

You must submit requests for issue of items to replace unserviceable or reparable materiel turned in. The request should cross-reference the turn-in request and coordinate the two actions to provide timely replacement.

Medical materiel will inspect the item(s). You should inform them of any factors that would aid in determining the condition of the item.

Prepare a turn-in document, normally the DD Form 1348-6, in two copies. Enter the reason for the turn-in in the remarks block. You should receive a copy of the turn-in document.

Inform medical materiel of how the return of the unsuitable item will affect your supply level.

At times, your may need to dispose of expired/unsuitable substances. Contact medical materiel to determine if a disposal service contract is in place. If one is not available, contact the bioenvironmental engineers for instructions on correct disposal.

Air Force Medical Logistics Letter (AFMLL) is a biweekly newsletter that contains letters with information and instructions on the management of medical supplies.

This published information remains in effect for 12 months from the date of each publication unless it is rescinded or superseded.

Includes attachments on items to be suspended, destroyed, or returned for credit.

When you receive quality control messages, disseminate this information in a timely manner. Expiration dates may be extended; this information needs to be communicated quickly, as does recall information.

Drug recall

Upon recall notification, pharmacy personnel must contact all wards/clinics to determine the location of the drug and the extent of its use.

Remove the recalled drug from stock and obtain reissue of new supplies where appropriate.

Ensure medical materiel personnel are aware of the recall just in case the notification did not go through medical materiel channels.

Drugs dispensed to outpatients – Attempt to determine what patients may have received the particular drug involved. Contact patients who received the drug to advise what action should be taken.

Medical material complaints

As a pharmacy technician, you must not allow an unserviceable item to be issued; the consequences may result in great harm to a patient.

If anyone suspects that an item does not perform as required or is unserviceable, a medical materiel complaint should be initiated. Suspend dispensing of the medication or stop using the equipment in question immediately, notify medical materiel, and initiate a medical complaint.

There are three classifications of medical materiel complaints.

Type 1 – supply or equipment items determined by use or a test to be harmful or defective to the extent that their use caused or may cause illness or death. Immediate action is required to report such items and remove them from using activities and serviceable inventories.

Type II – supply items suspected of being defective, deteriorated, or otherwise unsuitable for use. They should be reported, removed from using activities and serviceable stocks, and placed in suspended storage until disposition instructions are received.

Type III – equipment items determined to be unsatisfactory because of malfunction, design, deficiency, defects, or unsatisfactory performance.

TRANSITION:

SUMMARY:

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Receive and store supplies
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4b. Given appropriate information, follow pharmaceutical or equipment disposition instructions accurately.

CONCLUSION:

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